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# Using community education provider networks to develop the nursing workforce

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## Abstract

Changing health and social needs and a rapidly ageing population in the UK (Office for National Statistics 2011) mean providers' responses must be dynamic, flexible, sustainable and focused on the delivery of safe, effective care. Longer lifespans mean that illnesses last longer, with conditions such as diabetes, respiratory disease and arthritis having a greater likelihood of co-morbidities (NHS England 2015a). This has significant consequences for services across all areas of health and social care. General practice is well placed to respond to pressures and provide healthcare to those with long- or short- term conditions, in part due to its registered list of patients. The general practice nurse is pivotal to this, but demographics and years of underinvestment in the workforce are likely to see a deficit in the number of skilled workers needed to support this. Therefore, investment in pre-registration nursing programmes is needed to create a highly skilled, effective, sustainable workforce. This article highlights the work of one community education provider network in establishing nursing student placements in general practice.

## Keywords

education, general practice nursing, networking, students, training, workforce

## Introduction

The UK has a rapidly ageing population, with the number of people aged 65 or more increasing 3.8% between 1974 and 2014 with a further increase of 6.6% by 2039 predicted (Office for National Statistics 2016). People are more likely to develop long-term conditions (LTCs), with illnesses lasting longer and a greater likelihood of co-morbidities, adding to the complexity of care (NHS England 2015a). These LTCs are complicated by ageing, leading to situations where people have complex health and social needs due to frailty. This complexity has significant consequences for services across all areas of health and social care, so providers' responses must be dynamic, flexible, sustainable and focused on the delivery of safe, effective care.

Moving care closer to patients' homes (Monitor 2015) attempts to address some of these significant issues. However, the NHS is 'bulging at the seams' because of the ageing population and other demands on services, especially in general practice (NHS England 2015a). Many activities previously undertaken in secondary care are now performed in primary care, placing further strain on already overstretched and limited resources. Coulter et al (2013) cited general practice as 'an expert medical specialist model' that affords excellent, holistic, patient-centred care, with the added benefit of a continuous relationship over time, which is unique in the NHS. This requires practices to tailor treatment to patients' needs and act preventatively.

Provision strategies need to consider workforce skills, if they are to provide individualised, safe, evidence-based, appropriate care in general practice that meets expectations. This means ensuring clinicians have appropriate and current knowledge and skills, and includes their continuous professional development (CPD). It is critical that sustainability planning for the future workforce includes clinician development by 'igniting' interest through undergraduate nurse placements, as well as by supporting existing clinicians to develop their roles through the development of postgraduate programmes.

This article contends that for general practice to be sustainable, there is an urgent need to think differently about the workforce and especially about skill mix (Centre for Workforce Intelligence 2012). Undergraduate nurses must be welcomed into general practice to experience the breadth of provision, with the aim of encouraging them to consider this a viable career option (The Queen's Nursing Institute (QNI) 2015). Beyond this initial exposure, there needs to be a strategy to encourage workforce sustainability and staff retention. This must include the development of management placements for final-year students, robust preceptorship programmes for those who are newly qualified and a defined career structure as spelled out in The General Practice Nursing, Workforce Development Plan (Health Education England 2017).

## Background

The role of the general practice nurse (GPN) has changed significantly in the past 20 years, especially with regards to LTCs. GPNs are now coordinators, adding to prompt medical intervention with their enhanced skills, which include non-medical prescribing and those of the advance practitioner role (NHS England 2015b). However, the GPN role attracted little media, political or professional attention, until general practice was recently thrown into the arena because of the quality of the provision it provides (QNI 2015). There has been chronic underinvestment in GPNs' professional development and career pathways that is beginning to manifest itself in a workforce that is unsustainable because of ageing demographics (QNI 2015).

Historically, the position of GPNs has been uncertain. Atkin et al (1993) found that one

fifth of nurses working in primary healthcare were GPNs. The other four fifths included district, community and school nurses, as well as health visitors, but there was little formal distinction between these roles, which often resulted in overlap and confusion about jurisdiction. Hirst et al (2003) showed that in 2003 in England alone, there were more than 21,000 nurses working as GPNs. The QNI (2015) found that one third of GPNs were due to retire by 2020, a scenario which raises concerns about the future integrity of the workforce needed to deliver the enhanced services now expected of general practice. While it has been acknowledged for several years that the healthcare workforce is ageing, the effects on general practice are considered potentially catastrophic. Indeed, the likely effect on the skillsets needed to manage complex long-term conditions could be seen as a 'knowledge haemorrhage' from primary care.

Therefore, it is essential that greater clarity is ensured in terms of roles and responsibilities and that knowledge built up over years of practice is handed down to future GPNs. This can only be achieved by ensuring the future workforce is encouraged and supported through good, robust placements, such as those offered during pre- registration.

General practice is particularly suited to the development of nursing students due to the wide range of opportunities to learn and the types of patients encountered. GP training practices support advanced nurse practitioner trainees, GP trainees, foundation doctors and medical students, and so should also be ideally placed to support nursing students. There is also a culture of in-house CPD and support for education in many non-training practices, which can provide unique opportunities for pre-registration students to learn and the chance to embrace learning through the inter-professional education agenda (World Health Organization 2010).

Health Education England developed and funded community education provider networks (CEPNs) as a part of a national programme intended to address workforce undersupply. GPs and GPNs are especially difficult to recruit and retain in rural counties such as Lincolnshire (NHS England 2015) – the area where the project in this article took place – and CEPNs were intended to train and retain staff for local populations, who need accessible care. This reflected the philosophy of moving care closer to home (Monitor 2015).

The priorities of the CEPN in this project were to offer:

- All students, trainees, staff and the public new population-based healthcare
- Multi-professional education and training.
- Inter-professional working and learning.

A dedicated link was identified through the local university and the GP lead. The author was the link nurse, a nurse academic, who was the lead for the BSc(Hons) Nursing (adult and mental health) programme at the University of Lincoln, which serves about 750 students across three cohorts. A GPN was also funded by Health Education England (East Midlands) (HEEM) to visit practices one day a week to help staff offer placements to nursing students, to undertake initial auditing and to provide support for the creation of effective learning environments for students by mentors.

The CEPN set strategic objectives to:

- Increase the number of primary care training placements available to all undergraduate students on medical, nursing and allied health profession programmes, as well as other post-registration trainees where appropriate, such as nurse prescribing.
- Promote and develop methods of inter-professional education that focus on general practice and promote future integrated healthcare working.
- Create a new model of training, where primary care providers have a critical mass of education and training expertise to support several placements for different practitioners

- at different stages of training at the same time. Longer-term objectives were to:
- Ensure that all nursing students have the opportunity for a substantive GNP placement during the three years of their programmes.
  - Ensure the quality of placements through comprehensive audits carried out by the university and placement providers, in accordance with NMC (2010) standards.
  - Provide effective support for placements from the university practice learning team and the CEPN GPN.
  - Establish mentor capacity in CEPN and across Lincolnshire, with a database of mentors held by the university.
  - Develop management placements for nursing students.

The project team felt that for practices and students to feel supported, student placements needed to be demystified. Box 1 gives examples of frequently asked questions that were circulated to practices to help with this process along with a series of workshops. These interventions encouraged practices to consider the idea of having nursing students on placements. Further reassurance was provided through face-to-face consultations with the nurse academic lead and GPN to address concerns. These were undertaken during a preparation for placement visit. Visibility was regarded as the key to securing placements, as it provides assurance that someone is available to support students and mentors.

## **Box 1. Examples of frequently asked questions**

### **How are nursing student placements organised?**

Pre-registration nursing student placements are likely to be between five weeks for a public health/elective with no competency achievement requirement and nine weeks for management placements at the end of a programme. The curriculum is provided by the University of Lincoln (which is quality assured by the Nursing and Midwifery Council (NMC), HEEM and Quality Assurance Agency for Higher Education).

### **What is a nurse mentor?**

Nurse mentors are nurses with at least one year's experience post-registration who have completed specific preparation in assessing students and are usually responsible for ongoing supervision and assessment in practice (NMC 2008). Preparation to become a mentor requires undertaking a specific, NMC-approved course through your local university.

### **What will happen if I as a mentor do not work full time?**

The named mentor has overall responsibility for a student's supervision and assessment. NMC (2006) recommended that a student should spend a minimum of 40% of their time each week being supervised by their mentor. Supervision can mean working one to one with a mentor or being on the same shift, working alongside others but being supervised in their activity by their mentor.

If non-nursing colleagues in the practice do not have an approved mentorship qualification, the university would be able to familiarise them with the student programme and learning outcomes. However, it is up to the mentor and student to provide this information in the first instance and negotiate any learning outcomes.

### **I did my mentorship course a long time ago – can I still take students?**

Yes. Your requirements will be assessed and you will be required to undertake an update run by the university. Where necessary you may be required to undertake an accreditation of prior learning.

**I have never trained as a mentor – what is involved?**

Being a mentor is a rewarding experience and a useful way of keeping up to date with your own professional development while contributing to the revalidation agenda (NMC 2015). It also provides opportunities for quality improvement in your place of work. The university offers a short course in mentoring (ten days of study). The requirement for attendance varies between universities and usually includes three to five of these days in face-to-face protected study days (usually at the university); the remainder being directed or private study. Most mentorship courses are offered free of charge. For further details, contact your health education improvement lead.

**How should we structure a nursing student's placement at our practice?**

If you are a practice that trains medical students or doctors to become GPs then you will already have developed your own ideas about how to structure a learner's training. Nursing students benefit from a wide range of learning opportunities, too. These include an induction, sitting in with GPs, nurses, receptionists and administrators and community visits with health visitors, district nurses and pharmacists. Additionally, learners from different professional backgrounds benefit from interacting with each other, especially around patient care.

It is important that where a nursing student is seeing patients, they always have access to the nurse mentor or an appropriately qualified, named supervisor nominated by the mentor, in case there is a need to ask questions or clarify a clinical issue as part of their supernumerary status. It is also important that the mentor (or supervisor) has protected time at the end of a clinic to debrief the nursing student and help them reflect on their learning during a session.

**What support do you provide for practices who are preparing to take on undergraduate nurses?**

If you agree to take nursing students, a university colleague involved in the undergraduate nursing programme will arrange a time to come and meet the nurse and practice staff. They will seek to identify strengths and areas of potential development, and then work with you to support your relevant educational development needs. This will include provision of relevant preparation for nurses and other staff. This can be at the time of the audit meeting or earlier, depending on clinical commitments. Once allocated a nursing student, you will have ongoing access to a named university colleague who will act as a resource, support and adviser. They will visit your practice to support you and build a relationship with your team.

**Will my practice have to go through a visit and approval process to be able to take on nursing students?**

We recognise that many practices are already approved for training doctors and medical students. However, the NMC requires that practices involved in training nurses be approved to their standards and so an educational audit is conducted before any placement. As part of the audit of the learning environment, the university will arrange a meeting with the practice nurse to discuss the potential learning opportunities and the needs of the mentor(s). This will take about one hour and may result in recommendations and actions for both the university and practice nurse to ensure effective preparation of the learning environment.

**Will there be any remuneration?**

Financial remuneration is now available through the tariff, which requires the practice to invoice the university directly for the set amount which equates to about £85 per week per allocated student. As previously mentioned, we can also offer free places for GPNs who wish to take initial mentor training and other CPD modules at the University of Lincoln.

**Are students covered by practice indemnity?**

There have been many debates about indemnity. However, the current advice is that

whenever the employer's own nurses are covered by its own vicarious liability, student indemnity relates specifically to Rule 11 of the NMC code of conduct, which states:

'Be accountable for your decisions to delegate tasks and duties to other people. To achieve this, you must:

1. Only delegate tasks and duties that are within the other person's scope of competency, making sure that they fully understand instructions.
2. Make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care.
3. Confirm that the outcome of any task you have delegated to someone else meets the required standard.

Permitting students to carry out any independent work would, in effect, be delegating. For this to occur, employers would need evidence of each student's prior accredited learning, for example, phlebotomy, immunisations and vaccinations training courses. This can be seen through the ongoing assessment documentation and mentors are encouraged to review this.

With regards to individual indemnity for the student, the RCN does provide a degree of cover for students if they are registered as members. From 1 August 2016, students were covered by the university's own indemnity for actions in practice. However, this does not permit students to work outside their (or their mentor's) sphere of competence and the issues of delegation apply in terms of the mentor or delegating individual who will still be accountable for the student's acts or omissions.'

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## Achievements

There has been an overwhelmingly positive response from practices and students. Student evaluations are essential to ensure effective placement experiences. All students must evaluate their placements before receiving their next allocation. Placement practices are able to immediately see their evaluations, which are then reviewed by an academic for any points of action that might be required. This provides a continuous quality loop with closure for all of those participating in the placements.

The qualitative nature of these evaluations highlighted students' surprise at how much GPNs do, from acute and chronic care to health promotion and palliative care. All the student evaluations in the past year commented that they would 'love to go back to general practice' and that, up until the placement, they had 'not considered a career in general practice'. However, they now felt this was a 'very real possibility' and were keen to explore the possibility of working in general practice immediately after registration.

Over the past year, the number of student placements in general practice has increased by 100% in the geographical remit of the CEPN, which is considered a direct result of the activity described here. Coincidentally other areas of the county outside of the geographical reach of the CEPN have seen 75% more placements. This rise appears to have occurred as a direct result of word of mouth among GPNs who then contacted their higher education institution lead to ask for support to set up placements. Such increases in participating practices is encouraging for the CEPN, who helped spread the message about the benefits of having students in general practice but also provided the much needed local support for practices and especially the GPNs.

When appropriately supported, nursing students and GPN mentors have reported significant benefits from practice learning opportunities. The concept of a CEPN (now

known as a GP training hub) directly helps these students take up these opportunities, which also enable practice staff to embrace the learning opportunities that students bring to support to practice. In addition, clinicians are seeing fulfilment of their CPD requirements for nursing revalidation through the support of students (NMC 2015).

## **The future**

Following the success of the CEPN in increasing student placements, three training hubs have been set up in Lincolnshire. These will replace the one initial CEPN and will act as training hubs for medical and nursing education. Their remit will be to coordinate and support all education and training for all in general practice. GP trainers and GPNs will continue to support the development and enhance the quality of student placements, as well as further developing the CPD and inter-professional education elements of general practice that are yet to be fully exploited.

Future developments for the hubs will include the support of final sign-off placements for nursing students to enable them to 'hit the ground running' as new registrants in general practice. This, in turn, will be supported by a new preceptorship package designed to help the transition to registrant which the hubs will facilitate.



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